

TMaD 'HERO' NOMINATION FORM

Information

'Hero' Name _____ Age _____ DOB _____ M/F

Medical Condition/Situation _____

If this is a child, is he/she aware of his/her medical condition? Yes No

Address _____

City _____ State _____ Zip _____

County _____ Primary Language _____

Is the 'Hero' home owned or rented?

If you are requesting a room makeover for a room other than a bedroom, explain

Parent/Guardian (if child 'Hero')

1. _____

2. _____

Home phone () _____ / _____

Work Phone () _____ / _____

Cell Phone () _____ / _____

Email address _____

Sibling or children/Ages _____

"Make the time, make an effort, make a difference!"

Referring Person (if applicable)

Name _____

Relationship to Hero _____ Phone _____

****Tell us briefly about the 'Hero'
in need, and why TMaD can help
make a difference.****

*Please mail form to: TMaD-hero
PO BOX 322
Morris, IL 60450*

I understand that by signing this form, I give the referring person above permission to contact Team Make a Difference and share the information contained in this document. If chosen, I will be contacted by a representative of Team Make a Difference.

Parent of Hero/Hero Name _____

Signature _____ Date _____

"Make the time, make an effort, make a difference!"